

TEST # 6

FORMS REQUIRED: FORM 2G (2)

TRUST NAME: JOHN Q PUBLIC GRANTOR TRUST

FIDUCIARY NAME: JOHN CORNING WARE

EIN: 40-7777777

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ADDRESS: P O BOX 428  
CAMBRIDGE, MA 02141

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STATE ESTABLISHED: MA

DATE ESTABLISHED IN MA: 12-23-1992

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STATE FORM INFORMATION

FORM 2G:

NAME: RICHARD HELM

ADDRESS: 12 ELM STREET  
WOBURN MA 01801

EIN: 017-50-1321

LINE 1: 250

LINE 4: 300

LINE 6: 250

Line 7: 567

LINE 10: 3005

LINE 15: 300

LINE 16: 3498

LINE 17: 8559

LINE 19: 22500

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FORM 2G:

NAME: FIONA SHREK

ADDRESS: 775 SWAMP STREET  
SOUTH EASTON MA 02375

EIN: 554-47-7554

LINE 1: 250

LINE 4: 300

LINE 6: 250

Line 7: 567

LINE 10: 3005

LINE 15: 300

LINE 16: 3498

LINE 17: 8559

LINE 19: 22500

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Form **1041****U.S. Income Tax Return for Estates and Trusts****2004**

OMB No. 1545-0092

<b>A</b> Type of entity (see instr.): <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Qualified disability trust <input type="checkbox"/> ESBT (S portion only) <input checked="" type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate-Ch. 7 <input type="checkbox"/> Bankruptcy estate-Ch. 11 <input type="checkbox"/> Pooled income fund	For calendar year 2004 or fiscal year beginning _____, 2004, and ending _____, 20 Name of estate or trust (If a grantor type trust, see page 12 of the instructions.) <b>JOHN CORNING WARE</b> Name and title of fiduciary <b>JOHN O PUBLIC TRUST</b> Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.) <b>PO BOX 428</b> City or town, state, and ZIP code <b>CAMBRIDGE MA 02141</b>	<b>C</b> Employer identification number <b>40-7777777</b> <b>D</b> Date entity created <b>12-23-1992</b> <b>E</b> Nonexempt charitable and split-interest trusts, check applicable boxes (see page 13 of the inst.): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2) <input type="checkbox"/> Change in trust's name <input type="checkbox"/> Change in fiduciary's address
<b>B</b> Number of Schedules K-1 attached (see instructions) <b>2</b>	<b>F</b> Check applicable boxes: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary <input type="checkbox"/> Change in fiduciary's name	

<b>G</b> Pooled mortgage account (see page 13 of the instructions): <input type="checkbox"/> Bought <input type="checkbox"/> Sold Date: _____		
<b>I n c o m e</b>	<b>1</b> Interest income . . . . .	<b>1</b> <b>600</b>
	<b>2 a</b> Total ordinary dividends . . . . .	<b>2a</b> <b>2,843</b>
	<b>b</b> Qualified dividends allocable to: <b>(1)</b> Beneficiaries <b>(2)</b> Estate or trust <b>2,829</b>	
	<b>3</b> Business income or (loss) (attach Schedule C or C-EZ (Form 1040)) . . . . .	<b>3</b> <b>17,118</b>
	<b>4</b> Capital gain or (loss) (attach Schedule D (Form 1041)) . . . . .	<b>4</b>
	<b>5</b> Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040)) . . . . .	<b>5</b> <b>6,995</b>
	<b>6</b> Farm income or (loss) (attach Schedule F (Form 1040)) . . . . .	<b>6</b>
	<b>7</b> Ordinary gain or (loss) (attach Form 4797) . . . . .	<b>7</b>
	<b>8</b> Other income. List type and amount <b>PENSION INCOME</b>	<b>8</b> <b>45,000</b>
<b>9</b> <b>Total income.</b> Combine lines 1, 2a, and 3 through 8 . . . . .	<b>9</b> <b>72,556</b>	
<b>D e d u c t i o n s</b>	<b>10</b> Interest. Check if Form 4952 is attached <input type="checkbox"/> . . . . .	<b>10</b>
	<b>11</b> Taxes . . . . .	<b>11</b>
	<b>12</b> Fiduciary fees . . . . .	<b>12</b>
	<b>13</b> Charitable deduction (from Schedule A, line 7) . . . . .	<b>13</b>
	<b>14</b> Attorney, accountant, and return preparer fees . . . . .	<b>14</b>
	<b>15 a</b> Other deductions <b>not</b> subject to the 2% floor (attach schedule) . . . . .	<b>15a</b> <b>1,367</b>
	<b>b</b> Allowable miscellaneous itemized deductions subject to the 2% floor . . . . .	<b>15b</b> <b>5,321</b>
	<b>16</b> <b>Total.</b> Add lines 10 through 15b . . . . .	<b>16</b> <b>6,688</b>
	<b>17</b> Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1 . . . . .	<b>17</b> <b>65,868</b>
	<b>18</b> Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041)) . . . . .	<b>18</b>
	<b>19</b> Estate tax deduction (including certain generation-skipping taxes) (attach computation) . . . . .	<b>19</b>
<b>20</b> Exemption . . . . .	<b>20</b> <b>100</b>	
<b>21</b> <b>Total deductions.</b> Add lines 18 through 20 . . . . .	<b>21</b> <b>100</b>	
<b>T a x  a n d  P a y m e n t s</b>	<b>22</b> Taxable income. Subtract line 21 from line 17. If a loss, see page 18 of the instructions . . . . .	<b>22</b> <b>65,768</b>
	<b>23</b> <b>Total tax</b> (from Schedule G, line 7) . . . . .	<b>23</b> <b>21,567</b>
	<b>24</b> <b>Payments:</b> a 2004 estimated tax payments and amount applied from 2003 return . . . . .	<b>24a</b>
	<b>b</b> Estimated tax payments allocated to beneficiaries (from Form 1041-T) . . . . .	<b>24b</b>
	<b>c</b> Subtract line 24b from line 24a . . . . .	<b>24c</b>
	<b>d</b> Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800 . . . . .	<b>24d</b>
	<b>e</b> Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/> . . . . .	<b>24e</b>
	Other payments: <b>f</b> Form 2439 _____; <b>g</b> Form 4136 _____; Total . . . . .	<b>24h</b>
	<b>25</b> <b>Total payments.</b> Add lines 24c through 24e, and 24h . . . . .	<b>25</b>
	<b>26</b> Estimated tax penalty (see page 19 of the instructions) . . . . .	<b>26</b>
<b>27</b> <b>Tax due.</b> If line 25 is smaller than the total of lines 23 and 26, enter amount owed . . . . .	<b>27</b> <b>21,567</b>	
<b>28</b> <b>Overpayment.</b> If line 25 is larger than the total of lines 23 and 26, enter amount overpaid . . . . .	<b>28</b>	
<b>29</b> Amount of line 28 to be: <b>a</b> Credited to 2005 estimated tax <b>b</b> Refunded . . . . .	<b>29</b>	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b> Signature of fiduciary or officer representing fiduciary _____	Date _____	EIN of fiduciary if a financial institution _____	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer's Use Only</b> Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP code <b>DRAKE INCOME TAX &amp; ACCOUNTING</b> <b>235 E PALMER</b> <b>FRANKLIN NC 28734</b>	Date _____ Check if self-employed <input checked="" type="checkbox"/> <b>P12345678</b> EIN <b>56-1494243</b> Phone no. <b>828-524-2924</b>		

**Schedule A Charitable Deduction.** Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see page 20)	1	
2	Tax-exempt income allocable to charitable contributions (see page 20 of the instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see page 20 of the instructions)	6	
7	<b>Charitable deduction.</b> Subtract line 6 from line 5. Enter here and on page 1, line 13	7	

**Schedule B Income Distribution Deduction**

1	Adjusted total income (see page 20 of the instructions)	1	
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 15, column (1) (see page 20 of the instructions)	3	
4	Enter amount from Schedule A, line 4 (reduced by any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see page 21 of the instructions)	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	
7	<b>Distributable net income (DNI).</b> Combine lines 1 through 6. If zero or less, enter -0-	7	0
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8	
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 21 of the instructions	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	
15	<b>Income distribution deduction.</b> Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	

**Schedule G Tax Computation** (see page 21 of the instructions)

1	<b>Tax:</b> a Tax on taxable income (see page 21 of the instructions)	1a	21,579	
	b Tax on lump-sum distributions (attach Form 4972)	1b		
	c Alternative minimum tax (from Schedule I, line 56)	1c		
	<b>d Total.</b> Add lines 1a through 1c	1d		21,579
2a	Foreign tax credit (attach Form 1116)	2a	12	
b	Other nonbusiness credits (attach schedule)	2b		
c	General business credit. Enter here and check which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Forms (specify) ▶	2c		
d	Credit for prior year minimum tax (attach Form 8801)	2d		
3	<b>Total credits.</b> Add lines 2a through 2d	3		12
4	Subtract line 3 from line 1d. If zero or less, enter -0-	4		21,567
5	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	5		
6	Household employment taxes. Attach Schedule H (Form 1040)	6		
7	<b>Total tax.</b> Add lines 4 through 6. Enter here and on page 1, line 23	7		21,567

**Other Information**

	Yes	No
1 Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses Enter the amount of tax-exempt interest income and exempt-interest dividends ▶\$		X
2 Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3 At any time during calendar year 2004, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 23 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶		X
4 During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See page 24 of the instructions		X
5 Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see page 24 for required attachment		X
6 If this is an estate or a complex trust making the section 663(b) election, check here (see page 24) ▶ <input type="checkbox"/>		
7 To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see page 24) ▶ <input type="checkbox"/>		
8 If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ <input type="checkbox"/>		
9 Are any present or future trust beneficiaries skip persons? See page 24 of the instructions		X

**Schedule I Alternative Minimum Tax** (see pages 24 through 30 of the instructions)**Part I - Estate's or Trust's Share of Alternative Minimum Taxable Income**

1	Adjusted total income or (loss) (from page 1, line 17)	1	65,868
2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from page 1, line 15b)	4	5,321
5	Refund of taxes	5	( )
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see page 25 of the instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), line 9)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	( )
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	71,189
26	Income distribution deduction from Part II, line 44	26	
27	Estate tax deduction (from page 1, line 19)	27	
28	Add lines 26 and 27	28	
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	71,189

**Note:** Complete Part II below before going to line 26.

- If line 29 is:
- \$22,500 or less, stop here and enter -0- on Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
  - Over \$22,500, but less than \$165,000, go to line 45.
  - \$165,000 or more, enter the amount from line 29 on line 51 and go to line 52.

**Part II - Income Distribution Deduction on a Minimum Tax Basis**

30	Adjusted alternative minimum taxable income (see page 28 of the instructions)	30	71,189
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 15, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see page 28 of the instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	( )
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	71,189
38	Income required to be distributed currently (from Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-	43	71,189
44	<b>Income distribution deduction on a minimum tax basis.</b> Enter the smaller of line 42 or line 43. Enter here and on line 26	44	

**Part III - Alternative Minimum Tax**

45	Exemption amount . . . . .		45	\$22,500.00
46	Enter the amount from line 29 . . . . .	46	71,189	
47	Phase-out of exemption amount . . . . .	47	\$75,000.00	
48	Subtract line 47 from line 46. If zero or less, enter -0- . . . . .	48		
49	Multiply line 48 by 25% (.25) . . . . .	49		
50	Subtract line 49 from line 45. If zero or less, enter -0- . . . . .	50	22,500	
51	Subtract line 50 from line 46 . . . . .	51	48,689	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 14a and 15 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is- <ul style="list-style-type: none"> <li>• \$175,000 or less, multiply line 51 by 26% (.26).</li> <li>• Over \$175,000, multiply line 51 by 28% (.28) and subtract \$3,500 from the result . . . . .</li> </ul>	52	12,659	
53	Alternative minimum foreign tax credit (see page 29 of the instructions) . . . . .	53		
54	Tentative minimum tax. Subtract line 53 from line 52 . . . . .	54	12,659	
55	Enter the tax from Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) . . . . .	55	21,567	
56	<b>Alternative minimum tax.</b> Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Schedule G, line 1c . . . . .	56		

**Part IV - Line 52 Computation Using Maximum Capital Gains Rates**

**Caution:** If you did not complete Part V of Schedule D (Form 1041), see page 29 of the instructions before completing this part.

57	Enter the amount from line 51 . . . . .	57	
58	Enter the amount from Schedule D (Form 1041), line 22, or line 13 of the Schedule D Tax Worksheet, whichever applies (as refigured for the AMT, if necessary) . . . . .	58	
59	Enter the amount from Schedule D (Form 1041), line 14b, column (2) (as refigured for the AMT, if necessary) . . . . .	59	
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) . . . . .	60	
61	Enter the <b>smaller</b> of line 57 or line 60 . . . . .	61	
62	Subtract line 61 from line 57 . . . . .	62	
63	If line 62 is \$175,000 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract \$3,500 from the result . . . . . ▶	63	
64	Enter the <b>smaller</b> of line 51 or \$1,950 . . . . .	64	
65	Enter the amount from line 23 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax) . . . . .	65	
66	Subtract line 65 from line 64. If zero or less, enter -0- . . . . .	66	
67	Enter the <b>smaller</b> of line 57 or line 58 . . . . .	67	
68	Enter the <b>smaller</b> of line 66 or line 67 . . . . .	68	
69	Multiply line 68 by 5% (.05) . . . . . ▶	69	
70	Subtract line 68 from line 67 . . . . .	70	
71	Multiply line 70 by 15% (.15) . . . . . ▶	71	
	<b>If line 59 is zero or blank, skip lines 72 and 73 and go to line 74. Otherwise, go to line 72.</b>		
72	Subtract line 67 from line 61 . . . . .	72	
73	Multiply line 72 by 25% (.25) . . . . . ▶	73	
74	Add lines 63, 69, 71, and 73 . . . . .	74	
75	If line 57 is \$175,000 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract \$3,500 from the result . . . . .	75	
76	Enter the <b>smaller</b> of line 74 or line 75 here and on line 52 . . . . .	76	

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Profit or Loss From Business**

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**2004**

Attachment  
Sequence No. **09**

Name of proprietor

**JOHN CORNING WARE**

Social security number (SSN)

**40-7777777**

**A** Principal business or profession, including product or service (see page C-2 of the instructions)

**DISHES**

**B** Enter code from pages C-7, 8, & 9

► **327210**

**C** Business name. If no separate business name, leave blank.

**CORNEY WARE**

**D** Employer ID number (EIN), if any

**12-3456789**

**E** Business address (including suite or room no.) ► **9988 PLATE PLACE**

City, town or post office, state, and ZIP code **CAMBRIDGE MA 02141**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses . . . ☒ Yes ☐ No

**H** If you started or acquired this business during 2004, check here . . . . .

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here . . . . .	<input type="checkbox"/>	<b>1</b>	<b>350,000</b>
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	<b>350,000</b>
<b>4</b> Cost of goods sold (from line 42 on page 2) . . . . .		<b>4</b>	<b>150,760</b>
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	<b>199,240</b>
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) . . . . .		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .		<b>7</b>	<b>199,240</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>	<b>3,575</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>9</b> Car and truck expenses (see page C-3) . . . . .	<b>9</b>		<b>20</b> Rent or lease (see page C-5):		
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>11</b> Contract labor (see page C-4) . . . . .	<b>11</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	<b>1,522</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-4) . . . . .	<b>13</b>	<b>8,644</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>24</b> Travel, meals, and entertainment:		
<b>16</b> Interest:			<b>a</b> Travel . . . . .	<b>24a</b>	
<b>a</b> Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>		<b>b</b> Meals and entertainment		
<b>b</b> Other . . . . .	<b>16b</b>		<b>c</b> Enter nondeductible amount included on line 24b (see page C-5) . . . . .		
<b>17</b> Legal and professional services . . . . .	<b>17</b>	<b>25,000</b>	<b>d</b> Subtract line 24c from line 24b . . . . .	<b>24d</b>	
<b>18</b> Office expense . . . . .	<b>18</b>	<b>7,583</b>	<b>25</b> Utilities . . . . .	<b>25</b>	<b>135,798</b>
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns . . . . .			<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
			<b>27</b> Other expenses (from line 48 on page 2) . . . . .	<b>27</b>	
			<b>28</b>	<b>28</b>	<b>182,122</b>
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>	<b>29</b>	<b>17,118</b>
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b> . . . . .			<b>30</b>	<b>30</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.					
• If a profit, enter on <b>Form 1040, line 12</b> , and <b>also</b> on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.				<b>31</b>	<b>17,118</b>
• If a loss, you <b>must</b> go to line 32.					
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see page C-6).					
• If you checked 32a, enter the loss on <b>Form 1040, line 12</b> , and <b>also</b> on <b>Schedule SE, line 2</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.				<b>32a</b>	<input type="checkbox"/> All investment is at risk.
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> .				<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.

Name(s)  
JOHN CORNING WARE

SSN  
40-777777

Part III Cost of Goods Sold (see page C-6)

33	Method(s) used to value closing inventory:   a <input type="checkbox"/> Cost       b <input type="checkbox"/> Lower of cost or market       c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . .	35	35,433
36	Purchases less cost of items withdrawn for personal use . . . . .	36	93,522
37	Cost of labor. Do not include any amounts paid to yourself . . . . .	37	47,250
38	Materials and supplies . . . . .	38	
39	Other costs . . . . .	39	
40	Add lines 35 through 39 . . . . .	40	176,205
41	Inventory at end of year . . . . .	41	25,445
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 . . . . .	42	150,760

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (year, month, day)       ► _____.		
44	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle for:		
a	Business _____	b	Commuting _____
c	Other _____		
45	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46	Was your vehicle available for personal use during off-duty hours? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
47 a	Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b	If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48	Total other expenses. Enter here and on page 1, line 27 . . . . .

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

**2004**

Name of estate or trust

**JOHN CORNING WARE**

Employer identification number

**40-7777777**

**Note:** Form 5227 filers need to complete **only** Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)	(d) Sales price	(e) Cost or other basis (see page 32)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1 STATEMENT # 21					( 1,134 )
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .				2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2003 Capital Loss Carryover Worksheet . . . . .				4	( )
5 <b>Net short-term gain or (loss).</b> Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below . . . . . ►				5	( 1,134 )

**Part II Long - Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (yr., mo., day)	(c) Date sold (yr., mo., day)	(d) Sales price	(e) Cost or other basis (see page 32)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6 STATEMENT # 27					( 14,694 )
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .				7	36,004
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				8	
9 Capital gain distributions . . . . .				9	
10 Gain from Form 4797, Part I . . . . .				10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2003 Capital Loss Carryover Worksheet . . . . .				11	( )
12 <b>Net long-term gain or (loss).</b> Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below . . . . . ►				12	21,310

**Part III Summary of Parts I and II**

**Caution:** Read the instructions **before** completing this part.

		(1) Beneficiaries' (see page 33)	(2) Estate's or trust's	(3) Total
13 <b>Net short-term gain or (loss)</b> . . . . .	13			
14 <b>Net long-term gain or (loss):</b>				
a Total for year . . . . .	14a			
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 34) . . . . .	14b	136,535		136,535
c 28% rate gain or (loss) . . . . .	14c			
15 <b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ►	15			

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**For Paperwork Reduction Act Notice, see the Instructions for Form 1041.**

EEA

**Schedule D (Form 1041) 2004**



**Part IV Capital Loss Limitation****16** Enter here and enter as a (loss) on Form 1041, line 4, the **smaller** of:**a** The loss on line 15, column (3) **or****b** \$3,000 **16** ( )If the loss on line 15, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss****Carryover Worksheet** on page 36 of the instructions to determine your capital loss carryover.**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22 is more than zero.)**Note:** If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 37 of the instructions and skip Part V. Otherwise, go to line 17.

<b>17</b> Enter taxable income from Form 1041, line 22 . . . . .	<b>17</b>	<b>65,768</b>
<b>18</b> Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) . . . . .	<b>19</b>	<b>2,829</b>
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b>	<b>2,829</b>
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	<b>21</b>	
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	<b>2,829</b>
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	<b>62,939</b>
<b>24</b> Enter the <b>smaller</b> of the amount on line 17 or \$1,950 . . . . .	<b>24</b>	<b>1,950</b>
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b> Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b> Multiply line 26 by 5% (.05) . . . . .	<b>27</b>	
<b>28</b> Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 28 through 31; go to line 32. <input checked="" type="checkbox"/> <b>No.</b> Enter the <b>smaller</b> of line 17 or line 22 . . . . .	<b>28</b>	<b>2,829</b>
<b>29</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>29</b>	
<b>30</b> Subtract line 29 from line 28 . . . . .	<b>30</b>	<b>2,829</b>
<b>31</b> Multiply line 30 by 15% (.15) . . . . .	<b>31</b>	<b>424</b>
<b>32</b> Figure the tax on the amount on line 23. Use the 2004 Tax Rate Schedule on page 21 of the instructions . . . . .	<b>32</b>	<b>21,155</b>
<b>33</b> Add lines 27, 31, and 32 . . . . .	<b>33</b>	<b>21,579</b>
<b>34</b> Figure the tax on the amount on line 17. Use the 2004 Tax Rate Schedule on page 21 of the instructions . . . . .	<b>34</b>	<b>22,145</b>
<b>35 Tax on all taxable income.</b> Enter the <b>smaller</b> of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 . . . . .	<b>35</b>	<b>21,579</b>

## Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2004

Attachment  
Sequence No. 12B

Name(s) shown on return

JOHN CORNING WARE

Identifying number

40-7777777

**Part I** Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2004 (see instructions)	1	140
2	Disallowed investment interest expense from 2003 Form 4952, line 7	2	78
3	<b>Total investment interest expense.</b> Add lines 1 and 2	3	218

**Part II** Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	
4b	Qualified dividends included on line 4a	4b	2,829
4c	Subtract line 4b from line 4a	4c	(2,829)
4d	Net gain from the disposition of property held for investment	4d	
4e	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	
4f	Subtract line 4e from line 4d	4f	0
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	
4h	Investment income. Add lines 4c, 4f, and 4g	4h	(2,829)
5	Investment expenses (see instructions)	5	
6	<b>Net investment income.</b> Subtract line 5 from line 4h. If zero or less, enter -0-	6	0

**Part III** Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2005. Subtract line 6 from line 3. If zero or less, enter -0-	7	218
8	<b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions	8	

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 4952 (2004)

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2004**

Attachment  
Sequence No. **13**

▶ **Attach to Form 1040 or Form 1041.** ▶ **See Instructions for Schedule E (Form 1040).**

JOHN CORNING WARE

JOHN CORNING WARE

Your social security number

40-7777777

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see page E-3). Report farm rental income or loss from **Form 4835** on page 2, line 40.

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	RENTAL PROPERTY	300	• 14 days or		
	CAMBRIDGE MA	300	• 10% of the total days rented at fair rental value?		X
B			(See page E-3.)		
C					

Income:		Properties			Totals	
		A	B	C	(Add columns A, B, and C.)	
3	Rents received . . . . .	3	10,000		3	10,000
4	Royalties received . . . . .	4			4	
<b>Expenses:</b>						
5	Advertising . . . . .	5				
6	Auto and travel (see page E-4) . . .	6				
7	Cleaning and maintenance . . . . .	7				
8	Commissions . . . . .	8				
9	Insurance . . . . .	9				
10	Legal and other professional fees . . .	10				
11	Management fees . . . . .	11				
12	Mortgage interest paid to banks, etc. (see page E-4) . . . . .	12			12	
13	Other interest . . . . .	13				
14	Repairs . . . . .	14				
15	Supplies . . . . .	15				
16	Taxes . . . . .	16				
17	Utilities . . . . .	17				
18	Other (list) ▶	18				
19	Add lines 5 through 18 . . . . .	19			19	
20	Depreciation expense or depletion (see page E-4) . . . . .	20	3,005		20	3,005
21	Total expenses. Add lines 19 and 20 .	21	3,005			
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-4 to find out if you must file <b>Form 6198</b> . . . . .	22	6,995			
23	Deductible rental real estate loss. <b>Caution.</b> Your rental real estate loss on line 22 may be limited. See page E-4 to find out if you must file <b>Form 8582</b> . Real estate professionals must complete line 43 on page 2 . . . . .	23	( ) ( ) ( )			
24	<b>Income.</b> Add positive amounts shown on line 22. <b>Do not</b> include any losses . . . . .	24			24	6,995
25	<b>Losses.</b> Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here . . .	25			25	( )
26	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	26			26	6,995

## Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ See separate instructions.

2004

Attachment  
Sequence No. 19

Name

JOHN CORNING WARE

Identifying number as shown on page 1 of your tax return

40-777777

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- ☐ a Passive income  
☐ b High withholding tax interest  
☐ c Financial services income  
☐ d Shipping income  
☐ e Dividends from a DISC or former DISC  
☐ f Certain distributions from a foreign sales corporation (FSC) or former FSC  
☐ g Lump-sum distributions  
☐ h Section 901(j) income  
☐ i Certain income re-sourced by treaty  
☒ j General limitation income

k Resident of (name of country) ▶ UNITED STATES

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A	B	C	
1 Enter the name of the foreign country or U.S. possession . . . . . ▶		VARIOUS			
1 Gross income from sources within country shown above and of the type checked above (see page 7 of the instructions):					
<b>DIVIDENDS</b>					
		58	7		65
<b>Deductions and losses (Caution: See pages 9, 11, and 12 of the instructions):</b>					
2 Expenses <b>definitely related</b> to the income on line 1 (attach statement) . . . . .					
3 Pro rata share of other deductions <b>not definitely related</b> :					
a Certain itemized deductions or standard deduction (see instructions) . . . . .		6,688	6,688		
b Other deductions (attach statement) . . . . .					
c Add lines 3a and 3b . . . . .		6,688	6,688		
d Gross foreign source income (see instructions) . .					
e Gross income from all sources (see instructions) .		72,556	72,556		
f Divide line 3d by line 3e (see instructions) . . . . .					
g Multiply line 3c by line 3f . . . . .					
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use worksheet on page 12 of the instructions) . . . . .					
b Other interest expense . . . . .					
5 Losses from foreign sources . . . . .					
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .				6	
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 . . . . . ▶				7	65

**Part II Foreign Taxes Paid or Accrued** (see page 12 of the instructions)

Country	Foreign taxes paid or accrued									
	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued		In foreign currency			In U.S. dollars				
			Taxes withheld at source on:			Taxes withheld at source on:			(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
	(o) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties	(v) Interest		
A						6				6
B						1				1
C										
8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 . . . . . ▶										7

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	9	7	
10	Carryback or carryover (attach detailed computation) . . . . .	10	5	
11	Add lines 9 and 10 . . . . .	11	12	
12	Reduction in foreign taxes (see page 13 of the instructions) . . . . .	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit . . . . .	13		12
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see page 14 of the instructions) . . . .	14	65	
15	Adjustments to line 14 (see page 14 of the instructions) . . . . .	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) . . . . .	16	65	
17	<b>Individuals:</b> Enter the amount from Form 1040, line 40. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . .	17	65,868	
	<b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see page 15 of the instructions.			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1" . . . . .	18		0.0010
19	<b>Individuals:</b> Enter the amount from Form 1040, line 43, <b>less</b> any amounts on Form 1040, lines 46 through 49. If you are a nonresident alien, enter the amount from Form 1040NR, line 40, <b>less</b> any amounts on Form 1040NR, lines 43 and 44. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, lines 1a, or the total of Form 990-T, lines 36 and 37 . . . . .	19		21,579
	<b>Caution:</b> If you are completing line 19 for separate category <b>g</b> (lump-sum distributions), see page 16 of the instructions.			
20	Multiply line 19 by line 18 (maximum amount of credit) . . . . .	20		22
21	Enter the <b>smaller</b> of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see page 16 of the instructions) . . . . . ▶	21		12

**Part IV Summary of Credits From Separate Parts III** (see page 16 of the instructions.)

22	Credit for taxes on passive income . . . . .	22		
23	Credit for taxes on high withholding tax interest . . . . .	23		
24	Credit for taxes on financial services income . . . . .	24		
25	Credit for taxes on shipping income . . . . .	25		
26	Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC . . . . .	26		
27	Credit for taxes on lump-sum distributions . . . . .	27		
28	Credit for taxes on certain income re-sourced by treaty . . . . .	28		
29	Credit for taxes on general limitation income . . . . .	29		
30	Add lines 22 through 29 . . . . .	30		
31	Enter the <b>smaller</b> of line 19 or line 30 . . . . .	31		12
32	Reduction of credit for international boycott operations. See instructions for line 12 on page 14 . . . . .	32		
33	Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 50; Form 1040NR, line 45; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a . . . . . ▶	33		12

**Schedule K-1  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Beneficiary's Share of Income, Deductions, Credits, etc.**

for the calendar year 2004, or fiscal year  
beginning \_\_\_\_\_, 2004, ending \_\_\_\_\_, 20 \_\_\_\_\_

▶ **Complete a separate Schedule K-1 for each beneficiary.**

9954

OMB No. 1545-0092

**2004**

Name of trust or decedent's estate

JOHN CORNING WARE

☐ Amended K-1  
☐ Final K-1

**FOR OFFICIAL USE ONLY**



**Beneficiary's identifying number** ▶ 017-50-1321

Beneficiary's name, address, and ZIP code

**RICHARD HELMS  
12 ELM STREET  
WOBURN, MA 01801**

**Estate's or trust's EIN** ▶ 40-7777777

Fiduciary's name, address, and ZIP code

**JOHN Q PUBLIC TRUST  
PO BOX 428  
CAMBRIDGE MA 02141**

(a) Allocable share item		(b) Amount	(c) Calendar year 2004 Form 1040 filers enter the amounts in column (b) on:
1 Interest . . . . .	1	2,566	Form 1040, line 8a
2a Qualified dividends . . . . .	2a	250	Form 1040, line 9b
b Total ordinary dividends . . . . .	2b	250	Form 1040, line 9a
3 Net short-term capital gain . . . . .	3	3,005	Schedule D, line 5, column (f)
4a Net long-term capital gain . . . . .	4a		Schedule D, line 12, column (f)
b Unrecaptured section 1250 gain . . . . .	4b		Line 11 of the worksheet for Schedule D, line 19
c 28% rate gain . . . . .	4c		Line 4 of the worksheet for Schedule D, line 18
5a Annuities, royalties, and other nonpassive income before directly apportioned deductions . . . . .	5a		Schedule E, Part III, column (f)
b Depreciation . . . . .	5b		} Include on the applicable line of the appropriate tax form
c Depletion . . . . .	5c		
d Amortization . . . . .	5d		
6a Trade or business, rental real estate, & other rental income before directly apportioned deductions (see instructions) . . . . .	6a	3,498	Schedule E, Part III
b Depreciation . . . . .	6b		} Include on the applicable line of the appropriate tax form
c Depletion . . . . .	6c		
d Amortization . . . . .	6d		
7 Income for minimum tax purposes . . . . .	7	9,319	
8 Income for regular tax purposes (add lines 1, 2b, 3, 4a, 5a, and 6a) . . . . .	8	9,319	
9 Adjustment for minimum tax purposes (subtract line 8 from line 7) . . . . .	9		Form 6251, line 14
10 Estate tax deduction (including certain generation-skipping transfer taxes) . . . . .	10		Schedule A, line 27
11 Foreign taxes . . . . .	11		Form 1040, line 50 or Schedule A, line 8
12 Adjustments and tax preference items (itemize):			
a Accelerated depreciation . . . . .	12a		} Include on the applicable line of Form 6251
b Depletion . . . . .	12b		
c Amortization . . . . .	12c		
d Exclusion items . . . . .	12d		2005 Form 8801
13 Deductions in the final year of trust or decedent's estate:			
a Excess deductions on termination (see instructions) . . . . .	13a		Schedule A, line 22
b Short-term capital loss carryover . . . . .	13b ( )		Schedule D, line 5, column (f)
c Long-term capital loss carryover . . . . .	13c ( )		Sch. D, line 12, col. (f); line 5 of the wksht. for Sch. D, line 18; and line 16 of the wksht. for Sch. D, line 19
d Net operating loss (NOL) carryover for regular tax purposes . . . . .	13d ( )		Form 1040, line 21
e NOL carryover for minimum tax purposes . . . . .	13e		See the instructions for Form 6251, line 27
f . . . . .	13f		} Include on the applicable line of the appropriate tax form
g . . . . .	13g		

(a) Allocable share item		(b) Amount	(c) Calendar year 2004 Form 1040 filers enter the amounts in column (b) on:
<b>14</b>	Other (itemize):		
<b>a</b>	Payments of estimated taxes credited to you . . . . .	<b>14a</b>	Form 1040, line 64
<b>b</b>	Tax-exempt interest . . . . .	<b>14b</b>	Form 1040, line 8b
<b>c</b>		<b>14c</b>	<div style="border-left: 1px solid black; padding-left: 10px;">           Include on the applicable line of the appropriate tax form         </div>
<b>d</b>		<b>14d</b>	
<b>e</b>		<b>14e</b>	
<b>f</b>		<b>14f</b>	
<b>g</b>		<b>14g</b>	
<b>h</b>		<b>14h</b>	

## General Instructions

### Purpose of Form

The fiduciary of a trust or decedent's estate uses Schedule K-1 to report your share of the trust's or estate's income, credits, deductions, etc. **Keep it for your records. Do not file it with your tax return.** A copy has been filed with the IRS.

### Inconsistent Treatment of Items

Generally, you must report items shown on your Schedule K-1 (and any attached schedules) the same way that the estate or trust treated the items on its return.

If the treatment on your original or amended return is inconsistent with the estate's or trust's treatment, or if the estate or trust was required to but has not filed a return, you must file **Form 8082**, Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR), with your original or amended return to identify and explain any inconsistency (or to note that an estate or trust return has not been filed).

If you are required to file Form 8082 but fail to do so, you may be subject to the accuracy-related penalty. This penalty is in addition to any tax that results from making your amount or treatment of the item consistent with that shown on the estate's or trust's return. Any deficiency that results from making the amounts consistent may be assessed immediately.

### Errors

If you believe the fiduciary has made an error on your Schedule K-1, notify the fiduciary and ask for an amended or a corrected Schedule K-1. **Do not** change any items on your copy. Be sure that the fiduciary sends a copy of the amended Schedule K-1 to the IRS. **If you are unable to reach an agreement with the fiduciary regarding the inconsistency, you must file Form 8082.**

### Tax Shelters

If you receive a copy of **Form 8271**, Investor Reporting of Tax Shelter Registration Number, see the Instructions for Form 8271 to determine your reporting requirements.

### Beneficiaries of Generation-Skipping Trusts

If you received **Form 706-GS(D-1)**, Notification of Distribution From a Generation-Skipping Trust, and paid a generation-skipping transfer (GST) tax on **Form 706-GS(D)**, Generation-Skipping Transfer Tax Return for Distributions, you can deduct the GST tax paid on income distributions on Schedule A (Form 1040), line 8. To figure the deduction, see the Instructions for Form 706-GS(D).

## Specific Instructions

### Lines 3a and 4a

If there is an attachment to this Schedule K-1 reporting a disposition of a passive activity, see the Instructions for **Form 8582**, Passive Activity Loss Limitations, for information on the treatment of dispositions of interests in a passive activity.

### Lines 6b through 6d

The deductions on lines 6b through 6d may be subject to the passive loss limitations of Internal Revenue Code section 469, which generally limits deductions from passive activities to the income from those activities. The rules for applying these limitations to beneficiaries have not yet been issued. For more details, see **Pub. 925**, Passive Activity and At-Risk Rules.

### Line 12d

If you pay alternative minimum tax in 2004, the amount on line 12d will help you figure any minimum tax credit for 2004. See the 2004 **Form 8801**, Credit for Prior year Minimum Tax-Individuals, Estates, and Trusts, for more information.

### Line 14a

To figure any underpayment and penalty on **Form 2210**, Underpayment of Estimated Tax by Individuals, Estates, and Trusts, treat the amount entered on line 14a as an estimated tax payment made on January 15, 2005.

### Lines 14c through 14h

The amount of gross farming and fishing income is included on line 6a. This income is also separately stated on line 14 to help you determine if you are subject to a penalty for underpayment of estimated tax. Report the amount of gross farming and fishing income on Schedule E (Form 1040), line 42.

Schedule K-1  
(Form 1041)

Department of the Treasury  
Internal Revenue Service

Beneficiary's Share of Income, Deductions, Credits, etc.

for the calendar year 2004, or fiscal year  
beginning \_\_\_\_\_, 2004, ending \_\_\_\_\_, 20 \_\_\_\_\_

▶ Complete a separate Schedule K-1 for each beneficiary.

9954

OMB No. 1545-0092

2004

Name of trust or decedent's estate

JOHN CORNING WARE

☐ Amended K-1  
☐ Final K-1

FOR OFFICIAL USE ONLY



Beneficiary's identifying number ▶ 554-47-7554

Estate's or trust's EIN ▶ 40-7777777

Beneficiary's name, address, and ZIP code

FIONA SHREK  
775 EAST HYPOLUXO HEIGHTS  
SOUTH EASTON, MA 02375

Fiduciary's name, address, and ZIP code

JOHN Q PUBLIC TRUST  
PO BOX 428  
CAMBRIDGE MA 02141

(a) Allocable share item		(b) Amount	(c) Calendar year 2004 Form 1040 filers enter the amounts in column (b) on:
1	Interest . . . . .	1 2,566	Form 1040, line 8a
2 a	Qualified dividends . . . . .	2a 250	Form 1040, line 9b
b	Total ordinary dividends . . . . .	2b 250	Form 1040, line 9a
3	Net short-term capital gain . . . . .	3 3,005	Schedule D, line 5, column (f)
4 a	Net long-term capital gain . . . . .	4a	Schedule D, line 12, column (f)
b	Unrecaptured section 1250 gain . . . . .	4b	Line 11 of the worksheet for Schedule D, line 19
c	28% rate gain . . . . .	4c	Line 4 of the worksheet for Schedule D, line 18
5 a	Annuities, royalties, and other nonpassive income before directly apportioned deductions . . . . .	5a	Schedule E, Part III, column (f)
b	Depreciation . . . . .	5b	} Include on the applicable line of the appropriate tax form
c	Depletion . . . . .	5c	
d	Amortization . . . . .	5d	
6 a	Trade or business, rental real estate, & other rental income before directly apportioned deductions (see instructions) . . . . .	6a 3,498	Schedule E, Part III
b	Depreciation . . . . .	6b	} Include on the applicable line of the appropriate tax form
c	Depletion . . . . .	6c	
d	Amortization . . . . .	6d	
7	Income for minimum tax purposes . . . . .	7 9,319	
8	Income for regular tax purposes (add lines 1, 2b, 3, 4a, 5a, and 6a) . . . . .	8 9,319	
9	Adjustment for minimum tax purposes (subtract line 8 from line 7) . . . . .	9	Form 6251, line 14
10	Estate tax deduction (including certain generation-skipping transfer taxes) . . . . .	10	Schedule A, line 27
11	Foreign taxes . . . . .	11	Form 1040, line 50 or Schedule A, line 8
12	Adjustments and tax preference items (itemize):		
a	Accelerated depreciation . . . . .	12a	} Include on the applicable line of Form 6251
b	Depletion . . . . .	12b	
c	Amortization . . . . .	12c	
d	Exclusion items . . . . .	12d	2005 Form 8801
13	Deductions in the final year of trust or decedent's estate:		
a	Excess deductions on termination (see instructions) . . . . .	13a	Schedule A, line 22
b	Short-term capital loss carryover . . . . .	13b ( )	Schedule D, line 5, column (f)
c	Long-term capital loss carryover . . . . .	13c ( )	Sch. D, line 12, col. (f); line 5 of the wksht. for Sch. D, line 18; and line 16 of the wksht. for Sch. D, line 19
d	Net operating loss (NOL) carryover for regular tax purposes . . . . .	13d ( )	Form 1040, line 21
e	NOL carryover for minimum tax purposes . . . . .	13e	See the instructions for Form 6251, line 27
f	_____	13f	} Include on the applicable line of the appropriate tax form
g	_____	13g	



(a) Allocable share item		(b) Amount	(c) Calendar year 2004 Form 1040 filers enter the amounts in column (b) on:
<b>14</b>	Other (itemize):		
<b>a</b>	Payments of estimated taxes credited to you . . . . .	<b>14a</b>	Form 1040, line 64
<b>b</b>	Tax-exempt interest . . . . .	<b>14b</b>	Form 1040, line 8b
<b>c</b>		<b>14c</b>	<div style="border-left: 1px solid black; padding-left: 10px;">           Include on the applicable line of the appropriate tax form         </div>
<b>d</b>		<b>14d</b>	
<b>e</b>		<b>14e</b>	
<b>f</b>		<b>14f</b>	
<b>g</b>		<b>14g</b>	
<b>h</b>		<b>14h</b>	

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## Specific Instructions

### Lines 3a and 4a

If there is an attachment to this Schedule K-1 reporting a disposition of a passive activity, see the Instructions for **Form 8582**, Passive Activity Loss Limitations, for information on the treatment of dispositions of interests in a passive activity.

### Lines 6b through 6d

The deductions on lines 6b through 6d may be subject to the passive loss limitations of Internal Revenue Code section 469, which generally limits deductions from passive activities to the income from those activities. The rules for applying these limitations to beneficiaries have not yet been issued. For more details, see **Pub. 925**, Passive Activity and At-Risk Rules.

### Line 12d

If you pay alternative minimum tax in 2004, the amount on line 12d will help you figure any minimum tax credit for 2004. See the 2004 **Form 8801**, Credit for Prior year Minimum Tax-Individuals, Estates, and Trusts, for more information.

### Line 14a

To figure any underpayment and penalty on **Form 2210**, Underpayment of Estimated Tax by Individuals, Estates, and Trusts, treat the amount entered on line 14a as an estimated tax payment made on January 15, 2005.

### Lines 14c through 14h

The amount of gross farming and fishing income is included on line 6a. This income is also separately stated on line 14 to help you determine if you are subject to a penalty for underpayment of estimated tax. Report the amount of gross farming and fishing income on Schedule E (Form 1040), line 42.

Calendar year filers enter 01-01-2004 and 12-31-2004 below. Fiscal year filers enter appropriate dates.

Tax year beginning (month–day–year) ►

Tax year ending (month–day–year) ►

## Form 2G Grantor's/Owner's Share of a Grantor-Type Trust

# 2004

NAME OF GRANTOR/BENEFICIARY

LEGAL DOMICILE

MAILING ADDRESS OF GRANTOR/BENEFICIARY

CITY/TOWN/POST OFFICE

STATE ZIP + 4

NAME OF FIDUCIARY

TITLE OF FIDUCIARY

NAME OF ENTITY

A horizontal number line starting at 0 and ending at 100. Tick marks are placed at intervals of 10, labeled 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, and 100. The number 10 is highlighted with a red dot and a red bracket above it.

C/O

MAILING ADDRESS OF FIDUCIARY

CITY/TOWN/POST OFFICE

STATE ZIP + 4

Ovals must be filled in completely. Example: 

Fill in applicable ovals:   ► ☐ Grantor-type trust   ► ☐ Pooled income fund   ► ☐ Charitable remainder annuity trust

- ▶ Charitable remainder unitrust

☐ Other

☐ Fill in if using whole-dollar method

▼ If showing a loss, mark an X in box at left

- |           |   | AUGUST 20, 2004 | (SUBJECT TO CHANGE) |
|-----------|---|-----------------|---------------------|
| <b>1</b>  | Dividends .....   | ▶ 1             |                     |
| <b>2</b>  | Interest from corporate bonds or notes .....  | ▶ 2             |                     |
| <b>3</b>  | Non-Massachusetts state and municipal bond interest .....   | ▶ 3             |                     |
| <b>4</b>  | Other interest income (including Massachusetts bank interest-see line 15) .....   | ▶ 4             |                     |
| <b>5</b>  | Interest from U.S. obligations .....  | ▶ 5             |                     |
| <b>6</b>  | Short-term capital gains .....  | ▶ 6             |                     |
| <b>7</b>  | Short-term capital losses .....   | ▶ 7             |                     |
| <b>8</b>  | Gain on the sale, exchange or involuntary conversion of property used in a trade or business<br>and held for one year or less ..... | ▶ 8             |                     |
| <b>9</b>  | Loss on the sale, exchange or involuntary conversion of property used in a trade or business<br>and held for one year or less ..... | ▶ 9             |                     |
| <b>10</b> | Long-term capital gains or losses .....   | ▶ 10            |                     |
| <b>11</b> | Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included<br>in line 10) .....                 | ▶ 11            |                     |
| <b>12</b> | Long-term gains on collectibles and pre-1996 installment sales .....  | ▶ 12            |                     |

**SIGN HERE.** Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of fiduciary

Date \_\_\_\_\_

Print paid preparer's name

Preparer's SSN  
or PTIN

--	--	--	--	--	--	--	--

Title

Paid preparer's phone

Paid preparer's  
EIN[illegible]

Paid preparer's signature

Date: \_\_\_\_\_

☐ Fill in if self-employed



NAME OF GRANTOR/BENEFICIARY

GRANTOR/OWNER'S IDENTIFICATION NUMBER

**13** Short-term capital gain or loss differences. Enclose statement ..... ▶ 13**14** Long-term capital gain or loss differences. Enclose statement ..... ▶ 14**15** Massachusetts bank interest ..... ▶ 15**16** Net rental and royalty income or loss ..... ▶ 16**17** Business/profession or farm income or loss ..... ▶ 17**18** Partnership or S corporation income or loss ..... ▶ 18**19** Other income. Enclose statement ..... ▶ 19**20** Short-term carryover losses ..... ▶ 20**21** Other adjustments. Enclose statement ..... ▶ 21**22** Massachusetts income tax paid by trustee. Grantor or beneficiary enter this amount on Form 1, line 35 or Form 1-NR/PY, line 40. Also, enter the entity's identification number to the left of line 35 or 40. .... ▶ 22

DRAFT AS OF  
AUGUST 20, 2004  
(SUBJECT TO CHANGE)

Calendar year filers enter 01-01-2004 and 12-31-2004 below. Fiscal year filers enter appropriate dates.

Tax year beginning (month–day–year) ►

Tax year ending (month–day–year) ►

## Form 2G Grantor's/Owner's Share of a Grantor-Type Trust

# 2004

NAME OF GRANTOR/BENEFICIARY

LEGAL DOMICILE

MAILING ADDRESS OF GRANTOR/BENEFICIARY

CITY/TOWN/POST OFFICE

STATE ZIP + 4

NAME OF FIDUCIARY

TITLE OF FIDUCIARY

NAME OF ENTITY

A horizontal number line starting at 0 and ending at 100. Tick marks are placed every 10 units, labeled 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, and 100. The number 10 is highlighted in red.

C/O

MAILING ADDRESS OF FIDUCIARY

CITY/TOWN/POST OFFICE

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Ovals must be filled in completely. Example: 

Fill in applicable ovals:   ► ☐ Grantor-type trust   ► ☐ Pooled income fund   ► ☐ Charitable remainder annuity trust

- ▶ Charitable remainder unitrust

☐ Other

☐ Fill in if using whole-dollar method

▼ If showing a loss, mark an X in box at left

- |           |   | AUGUST 20, 2004 |   |  |  |  |  |  |  |  |  |
|-----------|---|-----------------|---|--|--|--|--|--|--|--|--|
| <b>1</b>  | Dividends .....   | ▶ 1             |   |  |  |  |  |  |  |  |  |
| <b>2</b>  | Interest from corporate bonds or notes .....  | ▶ 2             |   |  |  |  |  |  |  |  |  |
| <b>3</b>  | Non-Massachusetts state and municipal bond interest .....   | ▶ 3             |   |  |  |  |  |  |  |  |  |
| <b>4</b>  | Other interest income (including Massachusetts bank interest-see line 15) .....   | ▶ 4             |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Interest from U.S. obligations .....  | ▶ 5             |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Short-term capital gains .....  | ▶ 6             |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Short-term capital losses .....   | ▶ 7             | X |  |  |  |  |  |  |  |  |
| <b>8</b>  | Gain on the sale, exchange or involuntary conversion of property used in a trade or business<br>and held for one year or less ..... | ▶ 8             |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Loss on the sale, exchange or involuntary conversion of property used in a trade or business<br>and held for one year or less ..... | ▶ 9             | X |  |  |  |  |  |  |  |  |
| <b>10</b> | Long-term capital gains or losses .....   | ▶ 10            | X |  |  |  |  |  |  |  |  |
| <b>11</b> | Massachusetts long-term capital gain or loss included in U.S. Form 4797, Part II (not included<br>in line 10) .....                 | ▶ 11            | X |  |  |  |  |  |  |  |  |
| <b>12</b> | Long-term gains on collectibles and pre-1996 installment sales .....  | ▶ 12            |   |  |  |  |  |  |  |  |  |

(SUBJECT TO CHANGE)

**SIGN HERE.** Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Signature of fiduciary

Date \_\_\_\_\_

Print paid preparer's name

Preparer's SSN  
or PTIN

--	--	--	--	--	--	--	--

Title

Paid preparer's phone

Paid preparer's  
EIN[illegible]

Paid preparer's signature

Date: \_\_\_\_\_

☐ Fill in if self-employed



NAME OF GRANTOR/BENEFICIARY

GRANTOR/OWNER'S IDENTIFICATION NUMBER

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